

# Highland Heights Presbyterian PDO Registration Form

Circle the class and the days you are requesting

Toddler's 2's 3's older 3's 4's ---- Mon/Wed OR Tues/Thur  
Jumpstart --- Mon/Tues/Wed OR Tues/Wed/Thurs

Child's Full Name \_\_\_\_\_

Name Child Goes by \_\_\_\_\_ SEX \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's name \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's Marital Status: Married\_\_ Widowed\_\_ Divorced\_\_ Separated\_\_

If divorced, who has custody? \_\_\_\_\_

Religious Preference \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Persons if Parent/Guardian can't be reached

\_\_\_\_\_ phone \_\_\_\_\_

\_\_\_\_\_ phone \_\_\_\_\_

(over ->)

Please let us know about any special problems your child might have (allergies, fears, behavioral or developmental issues) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

### Highland Heights Presbyterian PDO Emergency Medical Release

In the event that I can't be reached to make arrangements should emergency care be required, I hereby authorize HIGHLAND HEIGHTS PDO to give consent for any necessary medical treatment for my child.

Child's Name \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group ID# \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

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### WE WILL NEED A COPY OF YOUR CHILD'S SHOT RECORDS

We have a page on the church's website. Do you give permission for your child's photo to be on this page? It would probably be in a group setting during class or an activity to show how much fun we have here. Yes \_\_\_\_ No \_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_